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DATE	NOTES
3/14/05	no injury noted, no Toe [illegible]
03/16/05	Had a mammography appointment today. Uncooperative, study not done.
03/18/05 9a	Usual gait pattern - high stepping gait, left foot drop. No other abnormalities.
3/20/05	[illegible] pulse 72 resp 17
	[illegible] URI
	[illegible]
03/22/05	Abrasion left upper eye lid temporal aspect. Cleansed with H_2O_2, Bacitracin ointment applied. Feet inspected, onychomycosis - nails debrided by podiatrist. Pes planus bilaterally. No other lesions. Knee joint inspected bilaterally. No swelling, ø tenderness. Good ROM - external, internal rotation bilateral hips.
03/23/05 9a	Cold symptoms, nasal discharge ø cough. afebrile to touch. active, in usual mental status. Throat: oropharyngeal redness. lungs: clear to auscult.
3/27/05	A/P URI - viral [illegible]
	[illegible]

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DATE	NOTES
	if needed to Jmy in am because of sedation noted in morning hours. To schedule EMG study OT to [illegible] provide "halo" helmet. To utilize wheelchair for transportation. PT evaluation for AFO - for Lt foot drop.
	M
	04/25/05. Tuliner Lt upper eyelid removed (inflammation, ↓ swelling subsiding
	04/27/05 Seen by neurologist DR. PANDIA. Peroneal mononeuropathy. Advised splint PT & OT. EMG not possible in office setting - requires great deal of cooperation with needles that need to be inserted in muscles. Possibility is EMG under sedation in hospital setting. - for documentation purposes only. Will obtain ANA, dsDNA, ESR.
	M
	05/02/05 ↓ Zyprexa 5mg 6am - 20mg QHS PO to minimize, eliminate daytime sedation.
4:00 PM	5/4/05 Seen for Diarrhea x 3. w Jmy. Today Afebril. Tender, mildly Distend abdomen Tympanic. P, K opectate 30 cc now, increase P.O fluids x24hrs., VS x24hrs. ? gastroenteritis. + follow up.
	V. Shur[illegible]

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New York State Department of Mental Hygiene

INTERDISCIPLINARY TREATMENT TEAM NOTES

INSTRUCTIONS

- Record information below as indicated by the client's behavior, condition or functioning that is felt to be of such significance that the entire treatment team should be informed.
- Summarize the results of each Interdisciplinary Treatment Team Conference below.
- For additional information on Treatment Team Reviews refer to Form 80 DVP, "Treatment Team Review."

Client's Name (First)	(M.I.)	(Last)	Consecutive No.
Valeri		Young	

DATE	NOTES
04/15/05	9 1/2 am Consumer fell earlier today during shower and sustained laceration about 2.5cm long. Hemostasis achieved. First sub dermis edges approximated with 3-0 Gut X3 suture then wound closed with 3-0 Nylon x4. Prior to that wound infiltrated with 2% lidocaine.
	Sedation from psychotropic meds i.e. Zyprexa may have contributed to fall. To ↓ Zyprexa by 5mg in am.
	Neuro eval DR CAPATI 04/07/05 noted.
	Lt foot drop, high steppage Rt.
	Recommended Vit B complex.
	To refer for PT.
	Also to consider EMG nerve conduction studies.
4/17/05	Hns Infection (L)
	11 am elbow ē swelling
	Rx Augmentin
	875mg bid
	x5 days
	F/U c̄ wing MD
04/20/05	ITT meeting held DR Dellbrunn psychiatrist attended. Discussed frequent falls and injury to Lt eyelid forehead ↓ Zyprexa to 10mg in am and then

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DATE	NOTES
05/20/05	Consumer sustained laceration on posterior scalp about 2 inches long. Area irrigated with H_2O_2, shaved with, infiltrated with Lidocaine 1% and sutured with 3-0 gut x 4. Hemostasis achieved. Bacitracin ointment applied. To give Keflex 500mg Q6h PO x 5 days.
05/26/05	EMG study under sedation scheduled for 06/30/05 1pm Downstate Hosp. (Dr MACARI)
05/27/05	Bilateral pretibial pitting edema 1+ also bilateral feet pitting edema 1+. No calf swelling / discoloration / tenderness. No reaction on Homan's test. Pt with pretibial/feet pitting edema problem in the feet also. Venous insufficiency postural (sitting in wheelchair). To continue with leg elevation.
05/31/05	No new injury worker
05/31/05	EKG 05/05/05 match. Reversal of arm leads. To repeat
6/19/05	BD 2 Responded immediately to Code Blue Wing 314 5-35pm. Pt was lying in the bed. pulse was feeble 91 BP 110/ O2 51 resp 17 saturation

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Client's Name (First)	(M.I.)	(Last)	Consecutive No.
Valerie		Young	

DATE	NOTES
5/7/05	All Stuts lower Post Leg
	(@ 3:00pm) Buckan on the head Delany
	1 min
05/11/05	X-Ray of LS spine report noted.
	Degenerative changes at L5-S1.
	Seen by Podiatrist
	Onychomycosis, Tinea Pedis.
	Nails debrided
	Lotrimin between toes
	F/up 07/13/05
05/18/05	Labs 05/07/05
	CBC
	3.64 11.5 179 / 35.7 — 142 105 72 / 3.6 27 20/0.9
	Tegretol 7.2
	ANA negative
	C3 C4 WNL
	anti DNA neg
	To repeat Hg, Hct

(Use reverse side for continuation)

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Client's Name (First)	(M.I.)	(Last)	Consecutive No.
Valeri		Young	

DATE	NOTES
03/28/05	9 10 am. Consumer reported with productive cough - greenish phlegm. Afebrile to touch not in any distress Consumed breakfast
	BP 116/78 HR 80/m RR16
	ϕ conjunctival injection
	nose: ϕ discharge.
	throat: inflamed, ϕ exudates
	neck: supple, ϕ lymph nodes enlarg. palpable.
	lungs: clear to auscult
	CVS: RR ... audible
	abdomen: protuberant but soft ϕ guarding
	extremities: ϕ edema, ϕ injury marks.
	D/P URI, constipation
	Z-pack, Tylenol, extra fluid Temperature check, Fleet enema
	neuro eval for Lt foot drop - dragging.
03/29/05	9 05 a Afebrile alert active. URI resolving To continue current Rx

(Use reverse side for continuation)

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DATE	NOTES
03/30/05	Labs 03/23/05
	CBC SMA
	5.48 / 12.5 / 37.0 / 242
	138 / 106 / 18
	4.4 / 29 / 19 / 0.9
	Cholesterol 143 TSH 1.43
	Triglyceride 53 Tegretol 8.0
	HDL 67
4/3/05	h/o [illegible] hands M
	normal
04/04/05	Seen in eye clinic on 04/01/05.
	Early cataract.
	RTC 6 months
04/05/05	9? Superficial laceration left upper eye lid
	Cleansed aseptically. Steri strips applied.
04/07/05	9? Abrasion left upper eyebrow. Cleansed
	aseptically.
04/11/05	Some excess cerumen both ears, discomfort
	Uncooperative for irrigation risk of TM
	perforation. To give Debrox otic drops

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Client's Name (First) (M.I.) (Last)	Consecutive No.
Valerie Young	

DATE	NOTES
6/19/05	pt was screaming
BDC	O2 was given by [illegible]
	I.V was started c̄ D5W.
	EMS arrived at 8:45 Am
	pt was put on the monitor
	developed bradycardia was
	given 1mg I.V atropine
	- then pacer was put
	also was intubated by EMS
	left in critical condition at
	9:05 Am
	Mother was informed
	Issa Madboun, MD

(Use reverse side for continuation)